

VZCZCXYZ0000  
RR RUEHWEB

DE RUEHBU #0851/01 2031413  
ZNR UUUUU ZZH  
R 221413Z JUL 09  
FM AMEMBASSY BUENOS AIRES  
TO RUEHC/SECSTATE WASHDC 4108  
INFO RUCNMR/MERCOSUR COLLECTIVE  
RHMFIIU/DEPT OF HOMELAND SECURITY WASHINGTON DC

UNCLAS BUENOS AIRES 000851

SENSITIVE  
SIPDIS

DEPT FOR OES/IHB - P. MURPHY AND D. WILUSZ

E.O. 12958: N/A

TAGS: [TBIO](#) [SOCI](#) [PGOV](#) [PREL](#) [AMED](#) [ELB](#) [CASC](#) [AR](#)  
SUBJECT: ARGENTINA: DATA COLLECTION OF GOVERNMENT INTERVENTIONS RE H1N1

REF: STATE 73971

¶11. Through contacts with Argentine officials and healthcare professionals, Post developed the following timeline of public health interventions, as requested in reftel:

-- First cases: The first case of H1N1 in Argentina was detected on May 7, 2009, in Buenos Aires and the second on May 22 in Mendoza. Both cases involved travelers returning from trips abroad, the first from Mexico, the second from the United States. On May 26, Argentine health authorities detected the first domestically-acquired case of H1N1, in Buenos Aires.

-- Making influenza a notifiable disease: On April 29, 2009, the Argentine Ministry of Health (MoH) issued an official order putting into effect Law 15,465, which establishes the Regime of Vigilance and Control of Diseases of Obligatory Notification, and Ministerial Decree 1715/07, which mandates notification of human influenza for new virus subtypes.

-- Emergency declarations: On June 30, the governments of the City of Buenos Aires and the provinces of Buenos Aires, Chaco, Rio Negro, and Corrientes declared a health emergency. Since 2002, a decree of national health emergency has been in force. This decree was originally issued to deal with the economic crisis that the country was then facing. It was never rescinded, and its existence was the argument that new Health Minister Manzur used to justify why the GoA had not declared a national health emergency to face the H1N1 influenza outbreak.

-- Border measures: Between the end of April and the first days in May, several measures were put into place. All incoming flights from the United States, Canada, and Mexico were processed through Terminal B at Ezeiza International Airport to better screen and control passengers. The GOA also suspended direct flights from Mexico on Mexican airlines from April 28 to May 18. A thermal screening device was installed to scan all passengers on these flights, and the MoH set up medical-sanitary teams to receive every flight. These teams included personnel from the Border Health Agency, DINESA (National Direction of Health Emergencies), and Hospital Alejandro Posadas, all entities reporting to the MoH. The Free Shop and cafeteria in Terminal B were closed. Medical-sanitary measures were also implemented at the Jorge Newberry Airport terminal, the Retiro bus terminal, and the Buquebus ferry terminal, all in downtown Buenos Aires. Thermal scanners were also installed at the airports in Mendoza and Cordoba. On May 9, Border Health Agency units were reinforced with equipment and information packets in the provinces of Jujuy, Formosa, Mendoza, Corrientes, Salta, and Rio Negro.

-- Isolation policies and quarantine of households where infection was identified: A week-long voluntary isolation of the patient and household was implemented with the first case on May 7. Thereafter, the MoH recommended to the population voluntary auto-isolation and social distancing.

-- School closures: Epidemiological research in the Esquiu, North Hills, and Caminante de Palermo schools (all of them in the Greater Buenos Aires metropolitan area) was completed on May 24, and on May 26 all three schools were closed for one week. Thereafter, in consultation with the health authorities of the City and Province of Buenos Aires and as a measure of prevention and control, the MoH directed that any school with a confirmed case would be closed for seven days. This measure was later revised to require closure for seven days in the event of a suspicious case and for 14 days in the event of a confirmed case. On June 30, again in consultation with local health authorities, the MoH announced the closure of all schools in Metropolitan Buenos Aires from July 6 through July 17, immediately followed by the normal winter vacations, lasting until August 3.

-- Theater closures: The Argentine Association of Theater Entrepreneurs decided on July 7 to close all theaters for 10 days. The measure was rescinded on July 17.

-- Dance hall closure: No measures were taken to this effect.

-- Other closure: On May 27, the MoH participated in a teleconference organized by the World Health Organization (WHO), focused on international experience regarding non-pharmacological measures such as the suspension of classes and events. A couple of large shopping malls prohibited access to minor children in early July but rescinded the measure after four days.

-- Staggered business hours to reduce congestion in stores and on transit systems: There have been no recommendations to this effect.

-- Mask ordinances: There are no ordinances to this effect. On May 4, the MoH's Expert Committee recommended against the use of masks for healthy individuals but recommended their use for health personnel assisting respiratory patients, and for patients with respiratory illnesses who were being moved for diagnostic or treatment. At the very beginning, masks were also recommended for people accompanying suspicious cases, but this was later restricted to just people belonging to groups at risk (pregnant women, hyper-obese, cancer patients.)

-- Rules forbidding crowding of streetcars: The MoH issued general advice about the use of public transport, but no regulations to affect or prohibit the use of public transport. Our contacts at the MoH tell us that rules specifically designed to prevent overcrowding are currently being considered.

-- Private funerals: The MoH decreed that all H1N1 fatalities must be removed from the hospital in a plastic bag, and wakes involving H1N1 victims must be conducted with the coffin closed.

-- Ban on door-to-door sales: There has been no such ban.

-- Interventions designed to reduce transmission in the workplace: The measures implemented by businesses have been voluntary and individual, with each workplace designing its own strategy of hygiene, cleaning and disinfection, in accordance with the recommendations made by health authorities. On July 6, the Ministry of Labor granted two weeks of paid leave to public sector employees that are pregnant or belong to other groups at risk (respiratory illnesses, morbidly obese, immune-depression, cancer cases.) The great majority of private sector businesses have done the same voluntarily. On July 20, the Ministry of Labor renewed the measure until the end of the month.

-- Protective sequestration of children: After the closure of schools, the MoH recommended that children stay at home as much as possible and avoid crowded areas such as cinemas and shopping malls.

-- Ban on public gatherings: The MoH recommended that persons at risk avoid public gatherings. The organizing committees of each public event (reception, conference, celebration, etc.) decided whether or not to suspend the event. While most events still took place, attendance was generally lower than normal.

-- Non-crowding rules in locations other than transit systems: The MoH recommended that persons at risk avoid crowds.

-- Community-wide business closures: A few localities in the Province of Buenos Aires and in other provinces decided to close some types of businesses for a limited time.

¶12. As requested in reftel, Post also investigated and discussed with front-line health professionals the state of the health care system in Argentina, which overall appears to be holding up well. There is still a backlog on the diagnostic side throughout the country. On the treatment side, ERs and ICUs were initially overwhelmed, especially in children's hospitals, as most of the early cases occurred in school age children. Most cases are now adults, and hospitals seem to be coping better with patients' inflow, though logistics are still challenging for ERs. More and more cases are now dealt with as outpatients, as people come in early and their symptoms are less severe. The situation is much better in the City and the Province of Buenos Aires than in the other provinces, where there tends to be lower access to health care and less centralized guidelines for managing patients. Because of the lack of timely information and lesser quality healthcare, patients in the provinces have tended to seek assistance later in the development of their illness, thus presenting more advanced and difficult cases that are taxing to the provinces' health system.

¶13. Flu cases were originally treated like the seasonal flu and treated with Tamiflu only when suspected or confirmed to have been H1N1. The guidelines have been expanded to include all flu cases with certain minimal characteristics (high fever, respiratory difficulties), which are immediately treated with Tamiflu from the start. Health professionals believe that this has helped to reduce the number of more serious cases. The MoH initially planned to procure a supply of Tamiflu to treat five percent of the general population of about 36 million, but the goal has now been raised to 10 percent. MoH officials tell us that they have already distributed 800,000 treatment units, have another one million at hand, and are awaiting arrival within the next few weeks of an additional two million treatment units. The MoH will soon announce that it will again supply pharmacies with Tamiflu. (Note: The lack of enforcement for prescriptions in Argentina makes it very easy for anyone to buy antibiotics or antiviral drugs at a pharmacy without a

prescription. As a result, auto-medication and widespread abuse of antibiotics and antiviral drugs are prevalent. Health authorities readily admit that this has caused the Argentine population to have a lesser resistance to infections. It is one of the reasons why the MoH initially centralized control of Tamiflu stocks. End Note.)

¶14. Healthcare professionals are still trying to identify predicting factors for increased risks of mortality. Physicians note that, in some otherwise healthy individuals, the virus triggers a severe immune response, provoking a sort of overload on the body. This may explain why many of the fatalities have been young, healthy adult males. Pneumonias develop quickly in certain patients, who can be critical after just three or four days. Epidemiologists believe that the first 6-8 weeks of the infectious cycle has neared completion. A second cycle may follow in early August, but hopes are that it may be less virulent than the first.

KELLY